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APPLICANTS

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** CONTINUING DATA ***** *None mch*

** FOREIGN APPLICATIONS ***** *None mch*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 2	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
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35 USC 119 (a-d) conditions met ☐ yes ☒ no Met after Allowance ☐ yes ☒ no

Verified and Acknowledged *Mary E. Hoffm. mch*
 Examiner's Signature Initials

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TITLE
 Dynamic spinal stabilization system

FILING FEE RECEIVED 626	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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